

June 26, 2003

MDR #:M2-03-1225-01-SS
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic and Spine Surgery.

Clinical History:

This 46-year-old female claimant injured her lower back while on her job on _____. She developed severe low back pain with muscle spasm after the injury, but did not have any significant degree of radicular pain. She went through extensive conservative treatment and non-surgical treatment. Her treatment included physical therapy, chiropractic treatment, epidural steroid injections, IDET procedure, facet blocks, and radiofrequency ablation of the nerve supply of the facets. She continued to have axial pain with no significant radicular pain. MRI demonstrated mild degenerative changes in the intervertebral disc at L4-L5.

Several orthopedic surgeons have seen the patient, none of whom have recommended back surgery.

Disputed Services:

Lumbar laminectomy L4-5 (63047)

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedure in question is not medically necessary in this case.

Rationale:

This patient could easily be experiencing lower back pain due to her obesity and de-conditioning. A good result is not likely to be obtained from the proposed surgery. There is very little reported pathology that has been demonstrated on her imaging studies, certainly not enough to justify fusing this solitary joint in her back.

Several other surgeons have examined the patient and feel that back surgery is not indicated. The records provided for review do not support the need for an interbody fusion at L4-L5.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on June 26, 2003.